

## ***ATTACHMENT F: Evaluation Design***

*Montana will evaluate the effectiveness of the Waiver for Additional Services and Populations with this CMS approved evaluation design from December 2010, through December 2017. We took a baseline survey of the 800 MHSP Waiver individuals in the summer of 2012, and then again in October 2015, to learn about participants' health status, access to health care, and quality of care. We will also identify lessons learned, unintended consequences, policy changes observed, and any recommendations going forward.*

### **Waiver for Additional Services and Populations Goal:**

*Montana's goal is to provide Standard Medicaid coverage to individuals with SDMI utilizing previously generated Federal Waiver savings from the previously titled Basic Medicaid Waiver. By increasing the Basic Medicaid benefit to Standard Medicaid, Montanans served under this Waiver will greatly reduce their out-of-pocket costs and gain access to significant health care benefits. Additionally, cover individuals who are categorically eligible for Medicaid as ABD for dental treatment services above the \$1,125 State Plan dental treatment cap. By keeping this population exempt from the cap, individuals will keep their out-of-pocket costs low and maintain the dental benefits to which they are accustomed.*

### **Waiver for Additional Services and Populations Hypotheses for the MHSP Group:**

- 1. The Waiver will provide Standard Medicaid coverage;*
- 2. The Waiver will improve access to care, utilization of services, and quality of care; and*
- 3. The Waiver will improve health status.*

### **Objectives:**

- ***Objective One: Examine and measure utilization, access and expenditures for the MHSP population.***
  - *Measure One: Compare and contrast medical service utilization and service costs for MHSP Waiver members with Medicaid members for the major service components such as inpatient, outpatient, clinic, prescription drugs, physician services, specialty providers, emergency, and dental services;*
  - *Measure Two: Compare annual prescription drugs costs for the MHSP group for the year prior to the Waiver while on the State fund MHSP Program with the demonstration Waiver years;*
  - *Measure Three: Measure the percentage of the MHSP population who have a primary care provider (PCP); and*
  - *Measure Four: Measure the number and percentage of the MHSP population that access specialty care.*
- ***Objective Two: Examine, through participant surveys in 2012 and at Waiver end, the new MHSP Waiver population's perception of their health status, access to and quality of health care.***
  - *Measure One: Determine, through MHSP participant baseline and Waiver end surveys, participants' perceptions of their general physical and mental health;*

- *Measure Two: Determine, through MHSP participant baseline and Waiver end surveys, participants' perceptions of access to care; and*
- *Measure Three: Determine, through MHSP participant baseline and Waiver end surveys, participants' perceptions of quality of care.*

**Waiver for Additional Services and Populations Hypotheses for the ABD Group:**

1. *The Waiver will cover dental treatment services above the \$1,125 State Plan cap, allowing the eligible ABD population unlimited dental treatment services.*

**Objectives:**

- *Objective One: Examine and measure dental treatment service expenditures above the \$1,125 State Plan cap for the ABD population.*
  - *Measure One: Measure the number and percentage of the ABD population that access dental treatment services; and*
  - *Measure Two: Analyze claims and measure the expenditures for the ABD population over the dental treatment services \$1,125 State Plan cap.*